



FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS



To: Loris Police Department
 ATTN: FOIA Compliance
 3909 Walnut Street
 Loris, SC 29569
 Email:
 POLICE@CITYOFLORIS.ORG

From: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____
 Email: _____

DESCRIPTION OF RECORDS REQUESTED:

Incident Report Traffic Accident Report Other: _____

Incident Location: _____

Incident Date & Time: _____

Persons who may be listed on report:

Information requested – be specific *(use the back of the page if more space is needed)*:

Are you asking for these records for commercial use/purpose? Yes No

Please indicate the format in which you would like to respond to your request. Please know that the City may not be able to accommodate the requested format

Inspection Only Hard Copy Email: _____ Digital, PDF Only

By my signature I hereby state that I have received the City of Loris's FOIA process, including the fee schedule outlining possible charges I may incur as part of this request.

**DISCLAIMER: By typing your name below, you are signing this request electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.*

Signature: _____ Date: _____

For Office use only:

Date FOIA Received: _____ Due Date: _____
 (15 bus. days)

Initial Response Letter Sent by: _____ Date: _____

FOIA Case Assigned to: _____ Date: _____

Final Release Approval: _____ Date: _____

Total Fees: \$ _____ Paid: NO YES Date Paid: _____

****Please see Instructions & Fee Schedule sheet for more information****